

AN OBSESSIVE COMPULSIVE CASE STUDY FROM A LONG RUN PSYCHODRAMATIC SOCIOMETRIC GROUP PSYCHOTHERAPY (PSGP) EXPERIENCE

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J. L. Moreno was a pioneer who brought the importance of relationships into the realm of psychiatry (1). According to this view, psychiatric disorders, can be treated as interrelational problems and can be worked through and be solved with relevant techniques.

Spontaneity, creativity and action are the conceptual keystones of the method he developed. Role theory is another one. Role is the functioning form the individual assumes in the specific moment, he reacts to a specific situation in which other people or objects are involved.

Psychodramatic sociometric group psychotherapy, allows a voyage from present time to past time with the use of action methods. The therapist can enable the protagonist to return to a scene to re-experience the original feelings, bring into awareness the prevailing physical, emotional, spiritual and intellectual conditions, creatively revise the scene, experience catharsis and gain insight on all these levels thus providing an opportunity for reintegration (2). In this recovery process the pain is recognised, embraced, followed towards the root of it; the original situation is revisited; fear, anger, sorrow is discharged, the scene is reversed, forgiveness and love occurs, coordination and integration appears.

In this presentation we will discuss a case example with OCD who recovered after a 3 years long psychodramatic sociometric group psychotherapy. The group met every week for 4 hours (1hour=45 minutes). The closed group started with 13 members and ended up with 9, after drop-outs.

Our case Ayse, (a nick name) is a 47 years old woman. She is an elementary school teacher but she only worked for two years before she has married 27 years ago. She is now a mother of two daughters, and she has a granddaughter. Before coming to group she worked with a psychoanalytically oriented therapist for two years individually. In addition to therapy antidepressant drugs were also prescribed. She had used clomipramin, later fluoxetin up to 60 mg. When there was no sign of improvement she was referred to us for PSGP by this therapist after 2 years. Her symptoms started 20 years ago. After the loss of mother-in-law, the father-in-law began to live with them. He was not good in toilet cleaning. She couldn't say anything to him because of the tradition to elder ones, she has started to clean the toilet compulsively. By that time they caught a mouse in the cellar of the house. This event made her worse. She started to clean the imaginary shit of the mouses which is brought to her home by every person who walks in the streets of the town. This means that everybody coming from outside brings the dirt. She cleans and cleans everthing with detergents. Her hands are damaged by the bleach. For last 5 years she rarely accepts visitors. Even her husband enters home with rituals. Every summer they moved to a summer house in a seashore town where she was better. Sometimes she also became depressive. After a few individual sessions she was taken into the new opened PSGP.

In the first session, after introduction, group ethics, principles and rules were discussed. And after these, members were invited to act their stories of their naming by the families. Taking the role of the pregnant mother of a group member, the next week she said it was very joyful

for her to take a different role other than her own life. Also being together with men in a group as group friends without feeling shame was very important to her.

It was the first month of group. Guided imagery was done with group members. It was the imagination of a house. In Ayse's imagination the house she had in the image was the house in her childhood. She was 4-5 years old child crying in the garden, at the fountain. Her mother was away from her; the mother was pregnant. In the sharing part she cried and cried and said that her mother was not caring enough for her, in no period of her life. For example when she was 12, her first menstrual bleeding occurred; the mother just gave a piece of cloth and said use this. She never helped her emotionally. This day-dream gives the clue that her self image is in fusion with the mother a lot and also gives clue of sisterhood rivalry.

It was the 3rd month, when she became a protagonist, acting a dream on scene. We started the work from the night before going to sleep. She was coming every week from a distance of 100 km. Her husband, a medical doctor, was driving for her to İzmir. The group was between 6 to 9 P.M. She had the dream, the night she went back home from the group. On first scene she is coming to theater in İzmir, she is taking a taxi. She carries a pair of red high heeled shoes in her hand, and she wears another pair of shoes; she takes the taxi; the taxi is full of men; she feels ashamed in the taxi. We enact the scenes using a lot of role reversals. Through role reversals the men in the taxi seems to be some of the group friends. In the dream, one of her teachers from the elementary school, 8th grade, is staying at the door of the theater hall, says her that it's forbidden for her to go in; but she says she bought the ticket from İzmir and goes in. Going in she gets into a garden and her mother and her daughter passes before her. She says in dream, my mother is more beautiful, my daughter is more beautiful than me. As classically we do in dream work psychodramatically, I asked the protagonist to end the dream now as she wills. In saying so, the protagonist wears the red high shoes on, she first finds the men in the taxi and says to them that they are handsome. And then she meets with her mother and daughter and says to them "I am beautiful, too"

At surface level the dream contains elements about her resistance to continue the therapy group. On deeper level she gives clues about the electra complex derived rivalry with her own mother. She is the loser. And identification with the mother is weak. There is a cure in the continuation of the dream.

Later on, in the 6th month of therapy she asked for help for her problems about the cleaning compulsions. As a therapist it was hard for me to search for a starting point. In a short dialogue with her, we choosed to enact the situation at home with a kind of condensating the situation. The first element is the house. It is clean. The second element put into the scene is the dirt brought by the guests. This dirt is especially the dirt coming from the mice at street. People are bringing it with their shoes and clothes that are contaminated. The scene is set up with role reversals with the house, with some guests, the dirt and the mouse. (in the street or sometimes in the house she says) When in the role of the mouse she described itself as little, fast, moving in dark...and she said "I remember know myself, at 4 or 5, lying down on the bed put near down the bed of my parents..." Then we set up that scene. She at 4 with her sister at 2, were down on a floor bed near to parent's bed. Many nights the parents are making love, she was in fact awoken, making role of a sleeper, but hearing their noises. In the scene she started to cry silently. She cried and cried. With doubling technique, I concentrated first on the pain, the fear and disappointment and then made a doubling about the hidden sexual pleasure of a child. After that I made her reverse the role with her mother and then father. Then as a third scene I helped her to get into a dialogue with her mother and father as

an adult person now. This was a surplus reality work. She talked about her fear and anger towards them. She talked about the neglect, one sister was handicapped by polio and she had to receive more care; about the pressure she got as a teenage, the strict rules around having boy friends –by the way she had no boy friend and her husband was chosen by the father. In the role reversals, as parents she excused and asked for forgiveness from her. As father she said he did not know how she was affected. The conditions was hard, the house was cold so they had to keep the children in the same room, he never understood that she was awoken etc. In her own role she said in cries “O.K. I understand and forgive you.” We ended the enactment by embracements. In the sharing part, she said she’s very surprised to find out that SHE is the mouse.

After a while she was in the group giving the information that her relations with her parents, especially with the father was improved. Her self esteem was improved and the relationship with the parents were becoming more or like an adulthood relationship.

Two months later she had a dream which we worked on. She was changing some parts of her house. She was making a negotiation with a woman house planner (the therapist) for the windows and the frames of the house (her world view). In the dream there was a pipe of heater (?) which was passing through an inappropriate place, down on the floor (the penis of the father) She was giving a big effort to change it’s place. She was changing the carpets also (her own sexuality) The new ones were more colorful and larger.

In a group play, the client took the role of a toilet cleaner in a brothel. In another group play she was flirting easily with a guy, and singing happily.

In the second year she worked through on another dream. In the first scene the mother is frying potatoes and eggplants in the oven in kitchen. She then forgets the fries and is lost. She comes and calls to her 3 sisters, “call mother, call mother these are going to burn” In the role reversal the fries are associated with raising children. In the second part of the dream there is a house with two flats. The house is near the seashore. The surface of the sea is very dirty. The toilet wastes of the house is going directly to the sea. In the role reversals the deeper parts of the sea is very clear and clean. With the associations it’s understood that the anger and rage of being neglected by the mother is passively expressed through toilet wastes contaminating the surface of the sea (mother). In this house the client sees herself in a very old dress, the neck part of the dress is very close and pressive. Then comes a tailor (the group and the therapist) and cuts and reshapes the neck part of the dress; they finds an animal (a dog or a lamb) in the balcony of the house; she takes it into her hands and with it, she goes to another house. In this house there is a lady, she is very easygoing middle aged lady. She shows her the rooms, all the rooms are bedrooms and in the wardrobes there are erotically colorful sheets. The lady asks her to stay here not to go back. In ambivalence, she wakes up. In the continuation of the dream she chooses to stay in this house. In this dream it’s understood that the client is struggling with the possibility of gaining a new way of life, a new character. Which is not just an obeying and passive aggressive child but a freer woman. The helpers like the tailor and the lady are the symbols of the group and therapists.

These are the important parts of her work in the group. In three years she takes roles in many of the plays of other clients, many other roles in group plays.

Now, depending on the material she brings I will try to make a dynamic formulation of symptom formation. The start of symptoms gives a clue of unconscious replacement of the

father with the father-in-law. The death of the mother in-law is opening up the fear to be a partner of the father. With the start of such an anxiety, the unresolved oedipal conflict is freed from repression and leak into daily life along with a regression into anal stage. Warming ups and protagonist plays opens another connection. The client regresses into the phallic stage and through the memory of the primal scene, we understand the true nature of the symptom. The incestuous phantasy and drive of being with father is then categorised as “dirt” and replaced with the dirt of mouse. The nature of symptoms also gives clues of the cleaning of anus. It may be a reality that the mother and father sexuality involved some scenes of an anal sex or such a view.

In her daily life by cleaning the imagined dirt she keeps the connection with the drive and in a way satisfying the drive and then the harsh superego brings the punishment.

Through psychodramatic methods the client became able to punish the parents also and then after a cathartic discharge, she passes into forgiveness. She forgives them, also. In the progression of therapy she also gains forgiveness towards her own drives progressively and along with resistances to change, she gradually softens her attitude toward herself. It's clearly seen that the “house” is a symbol for herself. This symbol is repeating to show up in many ways, in daily life and in dreams. Changes in these symbol allows us to follow the pathway of therapeutic change. The house becomes usual in functions (the change in the place of the heater pipe) and more clean and comfortable, colorful. It's also interesting that the improvement goes along with the change in the place of the pipe of the heater. Heater is a replacement for vagina. It's not a bad speculation that it also shows that the vagina takes the place of the anus. She also allows herself to compete more freely with the mother and identification becomes possible. Through the process in 3 years her spontaneity and creativity increases. She shows herself more freely and gets proud of herself.

In the end of therapy she writes, “I was in a unnecessary pain in my daily life. Now, when my past is in a way cleaned up. Yes, there is now a weak pain of what has been lived but now this pain is bearable. I now became a tolerant person; I have now self confidence. I gained my personality. I now have a different world view. Now I became a good listener. I believe that many of my problems come from my childhood. Now I don't run away from facing these.

This is a case that has been cured through psychodramatic sociometric group psychotherapy. In the last 6 months of the group she was out of symptoms and still is, after 1.5 year after the group finished. Just after the end of the group she lost her father.

For the obsessive patient it's known that it is hard to work through because of the isolation of the feelings from the content of material. Although it's usually easy for therapists to make a dynamic formulation it is not easy to overcome isolation and other defenses. I think to work with dreams in this case was extremely important. It made it easier to overcome the cognitive resistance and helped us to work on directly in uncounscious level. Thinking of the difficulty of obsessive patients this case example gives us a strong hope that psychodrama may be a good way of dealing with such cases.

References

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